

**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
FINANCIAL SERVICES DIVISION
POST OFFICE BOX 4311
BATON ROUGE, LOUISIANA 70821-4311**

MONTHLY WASTE TIRE COLLECTION CENTER REPORT

COLLECTION CENTER NAME: _____

CONTACT NAME: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

DEQ FACILITY (R) #: _____

AGENCY INTEREST (AI) #: _____

☐

Check this box if changes have been made to the facility name, phone #, street/mailling addresses, or any contact information.

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Check this box if the facility is no longer collecting tires. *In the space below, indicate the date of facility closure.

Status Change Date: _____

INDICATE THE APPROPRIATE MONTH AND YEAR: (CIRCLE ONE MONTH ONLY)

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

YEAR: _____

TOTAL NUMBER OF TIRES DROPPED OFF AT FACILITY _____

*PER UNMANIFESTED WASTE TIRE LOG

TOTAL NUMBER OF TIRES PROCESSED BY COLLECTION CENTER AND SENT TO LANDFILL _____

THIS REPORT IS DUE NO LATER THAN THE 15TH DAY AFTER THE REPORTING MONTH
EXAMPLE: JANUARY REPORT IS DUE NO LATER THAN FEBRUARY 15TH

NOTE TIRE DROP-OFFS MUST BE DOCUMENTED ON THE UNMANIFESTED WASTE TIRE LOG AVAILABLE ON THE DEPARTMENT'S WEBSITE. THESE RECORDS SHALL BE RETAINED FOR DEQ'S INSPECTION AND/OR AUDIT FOR 5 YEARS.

A COPY OF THIS MONTHLY REPORT SHOULD BE RETAINED AT THE COLLECTION FACILITY'S SITE.

CERTIFICATION: I PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT, AND I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THIS INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

AUTHORIZED SIGNATURE: _____ DATE: _____